

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2007**

Foreign Risk Retention Groups

Must be attached to the tax return:

- NE Business Page of the 2007 Annual Statement
- Schedule T of the 2007 Annual Statement
- Check made payable to Nebraska Dept. of Insurance

Mail tax return and check to:

Nebraska Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639

COMPANY INFORMATION

Nebraska Co. I.D. No.	Contact Person
NAIC No.	E-Mail Address
Federal Tax I.D. No.	Telephone

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Organized Under the Laws of _____

SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY

State of _____)

County of _____)ss

County of _____)

I, _____, being duly sworn on oath say that I am _____

of the _____ Insurance Company of the State of _____

and that the tax statement is correctly computed in accordance with the foregoing instructions.

(Signature)

Subscribed and sworn to before me, a Notary Public, this _____ day of _____ 20 _____

(Notary Public)

SECTION II - PREMIUM TAX

		COLUMN 1 NEBRASKA BASIS	COLUMN II - STATE OF DOMICILE BASIS
1.	Premiums attributable for coverage within Nebraska (Gross direct premiums)	.00	.00
2.	Dividends paid or credited to policyholders	.00	.00
3.	Net taxable premiums (Line 1 minus Line 2)	.00	.00
4.	Tax rate applicable	.01	
5.	Tax (Multiply Line 3 by Line 4)	.00	.00

SECTION III - FEES

6.	Filing Annual Statement	200.00	.00
7.	Other fees (Itemize)	.00	.00
8.		.00	.00
9.	Total fees (Sum of Lines 6 through 8)	.00	.00

SECTION IV – SUMMARY OF TAXES AND FEES

10.	Premium tax (Line 5)	.00	.00
11.	Fees (Line 9)	.00	.00
12.	Total taxes and fees (Line 10 plus Line 11)	.00	.00
13.	Total taxes and fees applicable (Greater of Nebraska basis or state of domicile basis, Line 12)		.00
14.	Prepayments (April 15, June 15, September 15; payments and applied credits)		.00
15.	Unapplied credit balance		.00
16.	Total prepayments and unapplied credits (Line 14 plus Line 15)		.00
17.	Balance due (If Line 13 is greater than Line 16, enter amount. Enclose payment of this amount).		.00
18.	Overpayment (If Line 16 is greater than Line 13, enter amount here)		.00
19.	Amount to be refunded		.00
20.	Amount to be credited to 2008 prepayment		.00

CHECKLIST

	YES	NO
Copy of Schedule T of 2007 Annual Statement Attached?		
Copy of the Nebraska Business Page of the 2007 Annual Statement Attached?		
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		